MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11313 CERTIFICATE OF DEATH

11272

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown
LENGTH OF STAY (in this place) 17 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Homewood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown X
STREET ADDRESS (If rural give location) Homewood Church Home 1

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) D. (Last) ABBOTT

4. DATE OF DEATH: (Month) (Day) (Year) November 9, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 7, 1870

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 7 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Abbott

14. MOTHER'S MAIDEN NAME: Julia M. Hanshew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Rev. Mark G. Wagner Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Senile arteriosclerosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1955, to 11-9, 1955, that I last saw the deceased alive on 11-8-, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE A. Sw Suter M.D. ADDRESS [illegible] DATE SIGNED 11-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/12/55

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR NOV 11 1955

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons

ADDRESS Hagerstown, Maryland

VS. A15 — 10-52

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11273

11260 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 2 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; STREET ADDRESS (If rural give location) Marbern Road 1

3. NAME OF DECEASED: (First) Harry (Middle) Robert (Last) Baker

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Feb. 18, 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10B. KIND OF BUSINESS OR INDUSTRY: W. Md. R. R.

11. BIRTHPLACE (State or foreign country): Emmittsburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Baker

14. MOTHER'S MAIDEN NAME: Fannie Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Mary Schlotterbeck Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 331X	(A) Cerebral Vascular Accident	2½ hr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertensive vascular	
	(C) DUE TO disease	15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov. 4, 1955, that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 7:04 P.M., from the causes and on the date stated above.

SIGNATURE Edward W. Wilson III M.D. ADDRESS 217 W. Washington St. DATE SIGNED 11/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial; DATE THEREOF 11-8-55; NAME OF CEMETERY OR CREMATORY Rose Hill; LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 7, 1955; REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11274

11261 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) ½ DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASHINGTON COUNTY HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 208 WINTER ST. 1

3. NAME OF DECEASED: (First) ERASMUS (Middle) FUNK (Last) BLOYER
4. DATE OF DEATH: (Month) II (Day) 23 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	APRIL 22, 1878	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
merchant	GROCERY	MARYLAND	U.S.A.

13. FATHER'S NAME: JACOB BLOYER
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	213-24-8035	MRS. LEAH BLOYER 208 WINTER ST. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) ARTERIOSCLEROTIC HEART DISEASE X	UNKNOWN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. VIRUS PNEUMONITIS — 4 WEEKS

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 NONE		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 28, 19 55, to NOV 23, 19 55, that I last saw the deceased alive on NOV 23 19 55, and that death occurred at 5-12 P.M. from the causes and on the date stated above.

SIGNATURE Charles Robert Cohen M.D. ADDRESS CLEAR SPRING, MD. DATE SIGNED NOV. 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	II/26/55	REST HAVEN	HAGERSTOWN MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV. 26 1955	Chas. A. Boeves	FRED W. KRAISS	HAGERSTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11275

11262 CERTIFICATE OF DEATH

Dr Wells

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) --
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 452 W. Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 42 Alexander St.

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) ELLSWORTH (Last) BOWARD

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Feby 22 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Penna. Frt Handler Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Boward

14. MOTHER'S MAIDEN NAME: Emma Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-9358

17. INFORMANT & ADDRESS: James Franklin Boward

18. MEDICAL CERTIFICATION 42 Alexander St.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Coronary occlusion — 2 minutes
ANTECEDENT CAUSE (S) DUE TO Arteriosclerotic Heart Disease — 1 yr.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1955, to Nov 4, 1955, that I last saw the deceased alive on Sept 14, 1955, and that death occurred at 2.30 M, from the causes and on the date stated above.

SIGNATURE Phillip J. Heleman M. D. ADDRESS Hagerstown Md DATE SIGNED 11/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/7/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11276

Item 17 Film C166 11-10-55 et
11263

CERTIFICATE OF DEATH

Reg. Dist. No. 3W

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 20 W. Franklin St. 1

3. NAME OF DECEASED: (Type or Print) (First) Renzo (Middle) Dee (Last) Bowers

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov. 9, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lawyer

10B. KIND OF BUSINESS OR INDUSTRY: private practice

11. BIRTHPLACE (State or foreign country): Clarksdale, Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rodophus Bowers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Mrs. Lolla J. Bowers, Hag., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 422.1	(A) Cerebral Thrombosis	2 months
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arterio sclerotic Cardiovascular disease	5 years
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at 4:15 A.M, from the causes and on the date stated above.

SIGNATURE George Jennings ADDRESS M. D. Hagerstown, Md. DATE SIGNED Nov. 6, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 11-8-55 | NAME OF CEMETERY OR CREMATORY Indianapolis | LOCATION (City, town, or county) (State) Indianapolis, Ind.

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1955 | REGISTRAR'S SIGNATURE Chas. N. Barnes

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11277

11314

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Highfield
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) W. (Middle) Johnson (Last) Bowman

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 2/28/1867
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Wolfsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bowman
14. MOTHER'S MAIDEN NAME: Savilla Himes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: G. Thomas Coyle, Highfield Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 427.1	(A) Chronic Myocarditis Gr IV	5-10 yr.
ANTECEDENT CAUSE (B)	DUE TO (B) Generalized Arteriosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Gangrene, left leg.	4-6 wks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov., 1955 to 3 Nov., 1955 that I last saw the deceased alive on 27 Oct, 1955, and that death occurred at 1:25 P.M., from the causes and on the date stated above.
SIGNATURE Larry F. Young Jr
ADDRESS M.D. Blue Ridge Summit Pa
DATE SIGNED 6 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/6/55
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) (State) Bethel, Washington Md.

DATE REC'D BY LOCAL REGISTRAR Nov 6
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR ADDRESS Walter Y. Grove, Waynesboro Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11278

11264 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 22
STREET ADDRESS (If rural give location) 301 North Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Charles (Last) Brunngraber

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH. May 2, 1888
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months 6 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Brewer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newark, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Brunngraber
14. MOTHER'S MAIDEN NAME: Fredrika Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 139-10-7388A
17. INFORMANT & ADDRESS: Mrs. Anna Brunngraber, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4520 IMMEDIATE CAUSE
(A) Repeated Nasal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteri-sclerosis
DUE TO (C) Terminal Aspiration Pneumonia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis of the Liver (?)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1955, to Nov. 28 1955, that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 8:15 P M, from the causes and on the date stated above.

SIGNATURE Sidney Nonester M. D. ADDRESS Hagerstown Md DATE SIGNED 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-1-1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1955
REGISTRAR'S SIGNATURE Chas. H. Boevers
24. FUNERAL DIRECTOR C. M. Suter Sons, Hagerstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11279

11265 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 626 Salem Ave/. 1

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) B (Last) Burks

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: July 3, 1925
9. AGE last birthday 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Address. opr.
10B. KIND OF BUSINESS OR INDUSTRY Way of Truth Pub. Co
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steve Burks
14. MOTHER'S MAIDEN NAME: Rosie Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Earl E. Marquiss Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1704 IMMEDIATE CAUSE (A) Starvation - malnutrition — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSE (B) DUE TO Carcinoma of breast — 2-3yrs+

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1954 to death ....., that I last saw the deceased alive on 11-21, 1955, and that death occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE Robert F. Leadle M. D. ADDRESS Hagerstown DATE SIGNED 11-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-23-55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 23 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss
ADDRESS Hagerstown, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Wells 11280

11266

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (In this place) 3 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 318 North Prospect 1

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Isaiah (Last) Byrd

4. DATE OF DEATH (Month) November (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	Married	May 14, 1891	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car Repairman	W. M. R. R.	Trego, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Byrd	Della Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	705-10-4739	Mrs. Mamie O. Byrd Wife.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A)	Hypertensive arterio sclerotic myocardial heart disease	6 yrs.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260.2	DUE TO (B)		
	DUE TO (C)	Diabetes M	3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — M.		None

22. I hereby certify that I attended the deceased from Aug., 1954, to Nov. 19, 1955, that I last saw the deceased alive on Nov. 19, 1955, and that death occurred at 3:40 P.M, from the causes and on the date stated above.

SIGNATURE: S. Robert Duffy, M.D. M.D. ADDRESS (Street, city, town, state): 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 11-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 22/55	Locust Grove Cemetery	Locust Grove, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 23. 1955	Chas. H. Bowers	Andrew K. Coffman Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11315 CERTIFICATE OF DEATH

Reg. Dist. No. 302 11281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown
LENGTH OF STAY (in this place) 4 yrs. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS OR R. F. D. # 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Rural X
STREET ADDRESS (If rural give location) R. F. D. # 6

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) CARNES

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 26, 1866

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months 5 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cearfoss, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kendle

14. MOTHER'S MAIDEN NAME: Amelia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. Dr. E. W. Ditto Jr. Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 450.0

(A) DUE TO Genital atrophy

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Senility

(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-53, to 11-3-55, that I last saw the deceased alive on 11-3-55, and that death occurred at 10:30 M, from the causes and on the date stated above.

SIGNATURE W. E. W. Ditto ADDRESS Hagerstown DATE SIGNED 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/5/55

NAME OF CEMETERY OR CREMATORY Salem Reformed Church Cem.

LOCATION (City, town, or county) (State) Washington County Md.

DATE REC'D BY LOCAL REGISTRAR NOV. 5 1955

REGISTRAR'S SIGNATURE Chas. H. Rowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11267

CERTIFICATE OF DEATH

11282

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 25 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Duo-Trailer Court-Hagerstown
STREET ADDRESS (If rural, give location) East Washington St. Ext.

3. NAME OF DECEASED (Type or Print): (First) ALVA (Middle) SYLVESTER (Last) CAVE

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Liv. Mar'd

8. DATE OF BIRTH: Sept. 13, 1906

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fairchild

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Luray, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Cave

14. MOTHER'S MAIDEN NAME: Margaret Seal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1925-1930

16. SOCIAL SECURITY NO.: 204-01-7789

17. INFORMANT AND ADDRESS: Alva Sylvester Cave, Jr. Pittsburgh, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL INFARCTION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) OCCLUSION, LEFT CORONARY ARTERY

(c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1955, to 11-23, 1955, that I last saw the deceased alive on 11-23, 1955, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE N. Sylvester Cave (Degree or title) ADDRESS Hagerstown DATE SIGNED 11/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 25, 1955

NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery

LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REG. Nov. 25, 1955

REGISTRAR'S SIGNATURE: Chas. H. Boerner

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11283

11268

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; LENGTH OF STAY (in this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 658 Virginia Ave. 08

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; STREET ADDRESS (If rural give location) 658 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rebecca Anna (Middle) (Last) Connor

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Aug 28, 1899 | 9. AGE last birthday: 56 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Operator | 10B. KIND OF BUSINESS OR INDUSTRY: Telephone | 11. BIRTHPLACE (State or foreign country): Shippensburg Penn | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William A. Smith | 14. MOTHER'S MAIDEN NAME: Mary A. Sugars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Thomas R. Connor Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9 IMMEDIATE CAUSE — (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (B) Visceral Carcinoma — 18 mos

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936, 19, to 11/24/55, 19, that I last saw the deceased alive on 11.24.55, 19., and that death occurred at 5:00 P M, from the causes and on the date stated above.

SIGNATURE Paul Young M.D. — ADDRESS Hagerstown Md — DATE SIGNED 11/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 11-28-55 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 26 1955 | REGISTRAR'S SIGNATURE: Chas H Bowers | 24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

11269

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 11284

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1031 Potomac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1031 Potomac Ave.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Elmer	Anthony	Corderman		Nov	24	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 3, 1879	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Real Estate	Near Broadfording Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Martin L. Corderman	Margaret E. Hauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	---	John L. Corderman Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 443X DUE TO Hypertensive Cardio Vascular Disease	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE and M. D. Dr E.W. Dutton Hagerstown Md

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 26 1955	Chas H Bowers	Scott F. Minnich & Son	Hag. Md.

VS. A15A - 5 - 53

11270 11285

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 302

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shack near the City Dump

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 530 E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Earl (Last) Croft

4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
[illegible]	[illegible]	[illegible]	[illegible]	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	metal supplier	Shenandoah, Va.	

13. FATHER'S NAME: Andrew J. Croft

14. MOTHER'S MAIDEN NAME: Gabriella [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
9/6.2 Immediate cause	(a) DUE TO Burns - charring of entire body	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
None	-	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Shack	21c. (City or town)	(County)	(State)
		Hagerstown,	Washington,	Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 19'55 2A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Burned to death when shack in which he was sleeping caught on fire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D.
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-21-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF 11- -55	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Nov. 21, 1955	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR	ADDRESS
		[illegible]	[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11286

11271

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARROWSBURG X
STREET ADDRESS (If rural give location) KNOXVILLE MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) DAYHOFF

4. DATE OF DEATH: (Month) NOVEMBER (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 7. 1874
9. AGE last birthday: 81-2-9 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: SELF OWNED STORE
11. BIRTHPLACE (State or foreign country): BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. DAYHOFF
14. MOTHER'S MAIDEN NAME: EMILY ALEXANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: MRS. ELSIE M. BAKER 1911 LEXINGTON AVE. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Indef.
ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis generalized — 10 days. Indef.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fibrosis, pulmonary

19A. DATE OF OPERATION: (-)
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1955 to 11-15, 1955 that I last saw the deceased alive on 11-15, 1955, and that death occurred at 8P M, from the causes, and on the date stated above.
SIGNATURE Robert F. Keadle, M. D. ADDRESS Hagerstown DATE SIGNED 11-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: NOV. 19, 1955
NAME OF CEMETERY OR CREMATORY: KNOXVILLE CEMETERY
LOCATION (City, town, or county) (State): KNOXVILLE FRED. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: NOV. 18 1955
REGISTRAR'S SIGNATURE: C. Trust Bowers
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. KEADLE 318 S. POTOMAC ST.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11316 CERTIFICATE OF DEATH

Reg. Dist. No. 11287 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CAVETOWN PIKE-RURAL
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) No HAGERSTOWN MD. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAVETOWN PIKE - RURAL X
STREET ADDRESS (If rural give location) 1
HAGERSTOWN MD. R.1.

3. NAME OF DECEASED: (Type or Print) (First) AMY (Middle) KATE (Last) DIBERT

4. DATE OF DEATH: (Month) NOVEMBER (Day) 3 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: JANUARY 24 1868

9. AGE last birthday: 87 yrs. 9 Months 9 Days — IF UNDER 1 YEAR: Hours — IF UNDER 24 HRS.: Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MAUGANSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY C. CLOPPER

14. MOTHER'S MAIDEN NAME: MARGARET PETRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. RENO C. RICE HAGERSTOWN MD. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Hypertensive — 15 yrs.

DUE TO Vascular Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. , 1955, to Nov. , 1955 that I last saw the deceased alive on Nov. 2 1955, and that death occurred at 10-20 AM, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 148 W. Washington St. Hagerstown, Md. DATE SIGNED Nov. 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF NOV. 5. 1955 — NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY — LOCATION (City, town, or county) (State) HAGERSTOWN WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR NOV. 5 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS — ADDRESS BOONSBORO MD.

DR. B. B. KNEISLEY 148 W. WASH. ST.

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11272 CERTIFICATE OF DEATH

11288

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 65 Hagerstown

LENGTH OF STAY (In this place) 6 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg Rag. 5 X

STREET ADDRESS (If rural give location) Ruial 1

3. NAME OF DECEASED (Type or Print) (First) Kirby (Middle) Elmer (Last) Dofflemyer

4. DATE OF DEATH (Month) Nov. (Day) 18, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 19, 1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self Employed	Grove Hill Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dofflemyer	Betty Strickler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		None	Mrs Clara Dofflemyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1 81X IMMEDIATE CAUSE (A) Bronchopneumonia — 10days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized metastasis — 1 year

DUE TO (C) Carcinoma Bladder — 2 years (Urinary)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10- , 19 53 , to 11-18- , 19 55 , that I last saw the deceased alive on 11-18-55 , 19 , and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE J. G. Warden, M. D. M.D. — **ADDRESS** (Street, city, town, state) 832 Potomac Ave., Hagerstown, Md. — **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/30/55	Goods Cemetery	Rileyville Page Co Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov. 26. 1955	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11289

11273 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Dr. Jack Beachley 221 W. Wash. St. Hagerstown

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 141 - RAY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 141 - RAY ST.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) E (Last) FISH

4. DATE OF DEATH (Month) NOVEMBER (Day) 27 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: MAY - 10 - 1876
9. AGE last birthday: 79-6-17 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NATHANIEL CROSS
14. MOTHER'S MAIDEN NAME: MANZELLA REEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. MRS. ADA KNODLE - 130 RAY ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X
IMMEDIATE CAUSE (A) DUE TO Cerebral Thrombosis — 2 Days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — 15 yrs

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24 '55 to Nov 27 '55, that I last saw the deceased alive on Nov 24 '55, and that death occurred at 4:10 P.M., from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS DATE SIGNED Nov 29 '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: DEC. 1-1955
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR: DEC. 1, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11290

11317 CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 South Vermont St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) 27 South Vermont Street

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Russell (Last) Forsythe

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 3 1891

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Fairchilds Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David M. Forsythe

14. MOTHER'S MAIDEN NAME: Ella Sweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No **(If Yes, give war or dates of service)** No

16. SOCIAL SECURITY NO. 220-09-9223

17. INFORMANT & ADDRESS: Mrs. Eola Forsythe 27 S. V

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial Infarction

DUE TO (B) Arteriosclerotic Coronary Disease

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 10 min (B) 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)** **21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)**

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21E. INJURY OCCURRED While at work ☐ Not while at work ☐** **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9/18/53 19..., to 11/9/55 19..., that I last saw the deceased alive on 11/9 19..., and that death occurred at M, from the causes and on the date stated above.

SIGNATURE H. Earl Young M.D. ADDRESS Hagerstown Md DATE SIGNED 11/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial **DATE THEREOF** Nov. 12-55 **NAME OF CEMETERY OR CREMATORY** St. Pauls Cemetery **LOCATION (City, town, or county) (State)** Western Pike Md.

DATE REC'D BY LOCAL REGISTRAR Nov-11-55 **REGISTRAR'S SIGNATURE** E Lee McElroy

24. FUNERAL DIRECTOR Edith V. Leaf **ADDRESS** Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11291

11318

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Wilson District
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chambersburg
STREET ADDRESS (If rural give location) 535 Nelson Street

3. NAME OF DECEASED: (First) Mary (Middle) V. (Last) Frantz

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 13, 1867

9. AGE last birthday: 88 yrs.

IF UNDER 1 YEAR: Months 5 Days 10
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thaddeus Mundey

14. MOTHER'S MAIDEN NAME: Roseanna Blumenauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. H. S. Harner, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1

(A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterial & Myocardial Sclerosis — 10 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1955 to Nov. 23, 1955 that I last saw the deceased alive on Nov. 23, 1955, and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-26-1955

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR 11-23-55

REGISTRAR'S SIGNATURE Leroy M. Fockler

24. FUNERAL DIRECTOR [illegible]ERS FUNERAL HOME ADDRESS CHAMBERSBURG, PENNA.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11274 CERTIFICATE OF DEATH

Reg. Dist. No. 11292 382

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5½ Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural give location) 44 Philadelphia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Barbara (Last) Fuss

4. DATE OF DEATH. (Month) Nov. (Day) 6, (Year) 1955

5. SEX Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Oct. 23, 1870
9. AGE last birthday 85 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY. House Wife
11. BIRTHPLACE (State or foreign country): Waynesboro Pa., #3
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Beaver
14. MOTHER'S MAIDEN NAME: Maria Eberly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Guy G. Fuss, Waynesboro Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.0
(A) Arterio-Sclerotic Heart Disease with
ANTECEDENT CAUSE (B) DUE TO Myocardial failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Not

19A. DATE OF OPERATION: 0 Not
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Apr ..., 19 55, to 6 Nov ..., 19 55, that I last saw the deceased alive on 5 Nov ..., 19 55, and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE F G Lusby
M. D. ADDRESS 230 W Main
DATE SIGNED 7 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/9/55
NAME OF CEMETERY OR CREMATORY: Green Hill
LOCATION (City, town, or county) (State): Waynesboro, Franklin Pa.

DATE REC'D BY LOCAL REGISTRAR: NOV. 7. 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Walter Z. Hoover
ADDRESS: Waynesboro Pa.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11293

11275

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (In this place) 14 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Jefferson St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 504 Jefferson St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Susan (Last) Grimm

4. DATE OF DEATH (Month) November (Day) 1 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Oct. 18, 1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work ag life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel Maid	Hotel	Samples Manor, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sylvester Cabot Hanes	Bell O Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	None	214-09-0422	Wm. Cephus Grimm 504 Jefferson St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X IMMEDIATE CAUSE (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Rheumatic Heart disease — 15-20yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY Ooccur?
M.		

22. I hereby certify that I attended the deceased from Jan ..., 19 52, to Nov 1, 19 55, that I last saw the deceased alive on Nov 1, 19 55, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE Robert W Campbell M.D. **ADDRESS** (Street, city, town, state) 145 W Washington St Hagerstown **DATE SIGNED** 11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/4/55	Samples Manor, Md.	Samples Manor, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov. 6. 1955	Chas. H. Boerner	A. Donald Zeckler	Hagerstown

1

INSTRUCTIONS

TO ATTEND[illegible]HYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 2[illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11294

11276 # CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown
LENGTH OF STAY (in this place): 2 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown R # 6 X
STREET ADDRESS (If rural give location): Reid

3. NAME OF DECEASED (Type or Print) (First) JAY (Middle) ROBERT (Last) GUY

4. DATE OF DEATH (Month) November (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 24 1955
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas D. Guy
14. MOTHER'S MAIDEN NAME: Phyllis Knodle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Thomas D. Guy

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 769.5 IMMEDIATE CAUSE	(A)	Prematurity	2 hours
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)	"Toxemia of Pregnancy in	
DUE TO	(C)	Mother"	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24/55, 1955, to 11/24, 1955, that I last saw the deceased alive on 11/24, 1955, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — ADDRESS (Street, city, town, state): 27 N. Potomac St Hagerstown Md — DATE SIGNED: 11/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/25/55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Wash. Co Md

24. REC'D BY REGISTRAR DATE: Nov. 25, 1955
REGISTRAR'S SIGNATURE: Chas H. Bowers
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Andrew K. Coffman Hagerstown Md.

Item 18 Film G189 11-28-55 ars

MARYLAND STATE DEPARTMENT OF HEALTH

11277 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11295

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (In this place): 8 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): Maryland Hotel

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) DAVIS (Last) HARTMAN

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Jan. 18, 1915

9. AGE last birthday: 40 yrs. If under 1 year: Months 9; Days 16; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Dept. Worker

10b. KIND OF BUSINESS OR INDUSTRY: City of Hagerstown

11. BIRTHPLACE (State or foreign country): Keyser, West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hubert S. Hartman Sr.

14. MOTHER'S MAIDEN NAME: Lilian Whiteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.: 235-18-9465

17. INFORMANT AND ADDRESS: Mrs. David Parsons Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

32

Immediate cause (a): acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): arterio sclerotic coronary heart disease

(c): Alcoholic Narcosis (spinal fluid showed .56& ethyl alcohol)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | **PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY** | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. | **INJURY OCCURRED** While at work ☐ Not while at work ☐ | **HOW DID INJURY OCCUR?**

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): J. Robert Wells M.D. DEPUTY MEDICAL EXAM. **ADDRESS**: 115 N. Potomac St- Hagerstown, Md. **DATE SIGNED**: Nov. 7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF**: 11/7/55 | **NAME OF CEMETERY OR CREMATORY**: Queens Point Cemetery | **LOCATION (City, town, or county) (State)**: Keyser, Mineral West Virginia

DATE REC'D BY LOCAL REGIST.: Nov. 7 1955 | **REGISTRAR'S SIGNATURE**: Thos. H. Bowers | **24. FUNERAL DIRECTOR** | **ADDRESS**: C. M. Suter & Sons Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11296

11278 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 667 Forrest Drive

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Mellems
4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Mar 21 1895
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Charweman
10b. KIND OF BUSINESS OR INDUSTRY: Victor Product Corp.
11. BIRTHPLACE (State or foreign country): Knoxville Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Johnson
14. MOTHER'S MAIDEN NAME: Jane Streams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 218-24-9735
17. INFORMANT & ADDRESS: Mrs Anna Jones 336 Bloom Court, City.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 443X (a) Hypertensive C-V disease — Interval Between Onset And Death: Several yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhagic cystitis, Hemorrhagic Diathesis — DUE TO
(c) UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign nephrosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1955, to Nov 3, 1955, that I last saw the deceased alive on 11/3/55, 19..., and that death occurred at 11:25, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney Nonenstein M D Hagerstown Md 11-4-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-7-1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland.
DATE REC'D BY LOCAL REGISTRAR Nov 7, 1955
REGISTRAR'S SIGNATURE Charles H Bowers
24. FUNERAL DIRECTOR John P Watson Jr. ADDRESS Hagerstown Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11279 11297

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1332 Salem Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1332 Salem Avenue

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) Coff (Last) Hoffman

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH. March 22, 1881

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR: Months 6 Days 6 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tunnelton, Preston Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Coff

14. MOTHER'S MAIDEN NAME: Amelia McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Frank Miller, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

ANTECEDENT CAUSE (B) arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Stroke — 1 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1955, to 11/29 1955, that I last saw the deceased alive on 11/29 1955, and that death occurred at 6:20 AM, from the causes and on the date stated above.

SIGNATURE Louis B. Grall M. D. ADDRESS 119 E Antietam DATE SIGNED 11/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — **DATE THEREOF** 11/29/1955 — **NAME OF CEMETERY OR CREMATORY** Kingwood Cemetery — **LOCATION** (City, town, or county) (State) Kingwood, West Virginia

DATE REC'D BY LOCAL REGISTRAR Nov. 28, 1955 — **REGISTRAR'S SIGNATURE** Chas. H. Rowers — **24. FUNERAL DIRECTOR** C. M. Suter & Sons — **ADDRESS** Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

11280

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11298

Reg. Dist. No. 302

Item 1, Bill 6189 11-29-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH

COUNTY: WASHINGTON — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home- 120 E. Franklin Street WASHINGTON

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MARYLAND — COUNTY: WASHINGTON

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

STREET ADDRESS (If rural, give location): 120 EAST FRANKLIN ST.

3. NAME OF DECEASED (Type or Print): (First) GUY (Middle) ERNEST (Last) HOLMES

4. DATE OF DEATH: (Month) NOVEMBER (Day) 15 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 23-1903

9. AGE last birthday: 52-1-22 yrs. (If under 1 year: Months; If under 24 hrs: Days, Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GARAGE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): CHESTNUT GROVE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: NELSON HOLMES

14. MOTHER'S MAIDEN NAME: SUSAN SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES W.W. II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: LESTER HOLMES KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592.X

Immediate cause (a) acute coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular hypertension

(c) chr. glomerular nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells, M.D. (Degree or title) ADDRESS: Hagerstown, Md. DATE SIGNED: Nov. 16 '55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: NOV. 18. 1955 — NAME OF CEMETERY OR CREMATORY: SAMPLES MANOR CEMETERY — LOCATION (City, town, or county) (State): SAMPLES MANOR WASH. Co. MD.

DATE REC'D BY LOCAL REG.: NOV. 17. 1955 — REGISTRAR'S SIGNATURE: Chas. V. Towers

24. FUNERAL DIRECTOR: WM. F. LAST AND SONS — ADDRESS: BOONSBORO MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11281 11299

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (In this place) 34 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 51 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 51 Broadway

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) HUTZELL (Last) HOUSER

4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Jany 26 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maugansville Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin L. Stine	Elizabeth Downin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	J. Maurice Hutzell

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease — Interval between onset and death: Years

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1955, to Nov. 29, 1955, that I last saw the deceased alive on Nov. 23, 1955 and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE K. A. Bell M.D. **ADDRESS** (Street, city, town, state) Hagerstown, Maryland **DATE SIGNED** Dec. 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/2/55	Rose Hill Cemetery	Hagerstown Wash. Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dec. 2, 1955	Chas. H. Bowers	Andrew K. Coffman Hagerstown Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11300

11282

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (In this place) 6 MO.

HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK MEM. CONV. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE PENNSYLVANIA COUNTY FRANKLIN

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GREENCASTLE

STREET ADDRESS (If rural give location) CENTER SQUARE ✓

3. NAME OF DECEASED (Type or Print) (First) ORLAND (Middle) L. (Last) INGREAM SR.

4. DATE OF DEATH (Month) NOV. (Day) 25 (Year) 19 55

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1/25/1882

9. AGE last birthday 73 yrs.

IF UNDER 1 YEAR — Months — Days

IF UNDER 24 HRS. — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BAGGAGE AGENT

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (State or foreign country) PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ISSAC INGREAM

14. MOTHER'S MAIDEN NAME RACHEL OTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-9359

17. INFORMANT & ADDRESS Mrs MOLLIE INGREAM GREENCASTLE PENNA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 11 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis (generalized) — years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 19 55, to Nov. 25, 19 55, that I last saw the deceased alive on Nov. 23, 19 55 and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE Lloyd A. Hoffman M.D. — ADDRESS (Street, city, town, state) 324 N. Potomac, Hagerstown, Md. — DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 11/27/55

NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM.

LOCATION (City, town, or county) (State) GREENCASTLE PENNA.

24. REC'D BY REGISTRAR DATE Nov. 26. 1955

REGISTRAR'S SIGNATURE Chas H Bowers

25. FUNERAL DIRECTOR'S SIGNATURE A. E. Minnich — ADDRESS Greencastle Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11319 **CERTIFICATE OF DEATH** Reg. Dist. No. 11301

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sharpsburg
LENGTH OF STAY (in this place) 92 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md. X
STREET ADDRESS (If rural give location) Sharpsburg Md.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) King

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 4 1863

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Simons

14. MOTHER'S MAIDEN NAME: Margret Stanback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mrs. Maggie Cook Chaplin St. Sharpsburg Md.

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 5 Yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uterine Fibroids — 40 Yrs.

19A DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 , 19 , to 11/7/55 19 , that I last saw the deceased alive on 11/6/55 19 , and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE W. H. Shuff M. D. — ADDRESS Sharpsburg, Md. — DATE SIGNED 11/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 9-55 — NAME OF CEMETERY OR CREMATORY Tolson Cemetery — LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1955 — REGISTRAR'S SIGNATURE E. G. Boyers

24. FUNERAL DIRECTOR — ADDRESS Albert L. Leaf Williamsport Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11302

Dr. Louis Graff

11283 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highfield, Md. X

STREET ADDRESS (If rural give location) Highfield, Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	J.	KOEHLER	Nov. 29, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug. 15, 1890	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Hosp Victor Cullen	Bocham Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Koehler	Hathie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Uno	--	[redacted]	Minnie U. Koehler

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A)	Cardio Vascular Collapse	hrs.
ANTECEDENT CAUSE(S) DUE TO (B)	Arteriosclerotic heart dis	Yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Pulmonary Edema	Wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Tuberculosis - chr	M.S.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 19 55, to 11/29, 19 55, that I last saw the deceased alive on 11/29, 19 55, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Louis E. Graff M.D. — ADDRESS (Street, city, town, state) 19 E Antietam St — DATE SIGNED 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 1 1955	Bethel Cemetery	Highfield, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dec. 1. 1955	Chas. H. Rogers	Andrew K. Zollman, Hagerstown, Md

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11284

CERTIFICATE OF DEATH

11303

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (In this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 334 North Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) FLORENCE (Last) LOUDENSLAGER

4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	Feb. 5, 1885	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Thurmont, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Renner	Emma Wilhide

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	- - - - - -	None	Paul LeRoy Loudenslager

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Coronary Thrombosis	1 hour
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Arteriosclerotic Heart Disease	2 years
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Adenocarcinoma of rectum (operation for) — 6-12 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 21, 1955	Adenocarcinoma of rectum with metastases of lymph nodes	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/55, 19..., to 11/23..., 1955..., that I last saw the deceased alive on 11/23..., 19...55..., and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE: Richard V. Hower M.D. — ADDRESS (Street, city, town, state): Hagerstown, Maryland — DATE SIGNED: November 24, 195

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-27-55	Rose Hill Cemetery	Hagerstown, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 25, 1955	Thos. H. Bowers	Andrew K. Coffman-Hagerstown, Md.

11320

11304

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Williamsport Rural
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Y. COUNTY Kings
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 154 Fifth Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) George (Last) Mc Kinnon

4. DATE OF DEATH (Month) Nov (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 28, 1955

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months 6 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Brooklyn N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Malcolm Mc Kinnon

14. MOTHER'S MAIDEN NAME: Ann Lelo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ann Mc Kinnon Brooklyn N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 421.9 DUE TO Asphyxia due to aspiration of Vomitus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Bronchitis (c) Ileus

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: -

19b. MAJOR FINDING OF OPERATION: -

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) - (County) - (State) -

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? --

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE L. Robert Wells M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED Nov. 3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-4-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Nov. 4, 1955

REGISTRAR'S SIGNATURE Grace H. Towers

24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag., Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11305

11285

CERTIFICATE OF DEATH

Reg. Dist. No. 382

Items 8,9,11,13,14,15: film G 109 12/ 1/55 L

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) ½ hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clear Spring
STREET ADDRESS (If rural give location) 15 Cumberland Street

3. NAME OF DECEASED: (First) SOUTHARD (Middle) (Last) McNEW
4. DATE OF DEATH: (Month) November (Day) 01 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	April 21, 1881	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): engineer
10B. KIND OF BUSINESS OR INDUSTRY: railroad
11. BIRTHPLACE (State or foreign country): Pennsylvania Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN Wesley McNew
14. MOTHER'S MAIDEN NAME: unknown Nancy Shemeloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 719 14 4527
17. INFORMANT & ADDRESS: Rose I. McNew, ClearSpring, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary occlusion, acute with myocardial infarction	5 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Atherosclerosis of the coronary arteries	unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial infarction		3 months

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1955, to Nov. 01, 1955, that I last saw the deceased alive on Nov. 01, 1955, and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Charles Robert Cole M.D. ADDRESS MD Clear Spring, Maryland DATE SIGNED November 02, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11-4-55	Rose Hill Cemetery	Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1955
REGISTRAR'S SIGNATURE Elias Bowers
24. FUNERAL DIRECTOR & ADDRESS Scott F. Minnich, Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11306

11286

CERTIFICATE OF DEATH

Dr Kneisley 302

Reg. Dist. No. ... ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 18 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown C.
STREET ADDRESS (If rural give location) Maryland Hotel

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FREDERICK (Last) McPHERSON

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: July 23 1885
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Fairchild Air Craft
11. BIRTHPLACE (State or foreign country): Muddy Creek Forks Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel A.W. McPherson
14. MOTHER'S MAIDEN NAME: Margaret E Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Alex McPherson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 40 Minutes

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Artery Disease with Anginal Pectoris and Arteriosclerotic Heart Disease — 5 yr.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1951, to Nov. 25, 1955, that I last saw the deceased alive on Nov. 24, 1955, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-28-55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 26 1955
REGISTRAR'S SIGNATURE Ernest F. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

11321 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11307

Reg. Dist. No. 3-3

Items 8,9, Filed 12-8-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown rural; MARYLAND LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. #40 6mi W. of Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle R.F.D. #2; STREET ADDRESS (If rural, give location) North Carlisle St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Lloyd (Last) Miller

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/1/1892 (2)

9. AGE last birthday: 63 yrs. 6 mos. If under 1 year: Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Frt. Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Penna. Railroad

11. BIRTHPLACE (State or foreign country): Franklin Co. Penna.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David Miller

14. MOTHER'S MAIDEN NAME: Leah Ryder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 716-10-1466

17. INFORMANT: Mrs. Hattie B. Miller, Greencastle, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull hemorrhage & shock — Interval Between Onset and Death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Hagerstown (COUNTY) Wash., (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-22-55 6:25 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Pedestrian on highway, struck by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Richard Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: Hagerstown Md DATE SIGNED: Nov. 22 '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/26/1955; NAME OF CEMETERY OR CREMATORY: Fairview Cemetery; LOCATION (City, town, or county) (State): Mercersburg, Franklin Co. Penna

DATE REC'D BY LOCAL REG. 11-25-55; REGISTRAR'S SIGNATURE: Leroy M. Forbes (1 Deputy)

24. FUNERAL DIRECTOR: Harold M. Zimmerman ADDRESS: Greencastle, Pa.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11308

11322 CERTIFICATE OF DEATH

Reg. Dist. No. 3 D 6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural give location) R. F. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) Talmer (Last) Miller

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1879
9. AGE last birthday: 76 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Greensburg, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John P. Miller
14. MOTHER'S MAIDEN NAME: Susan R. Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: R. Lee Miller, Smithsburg, Md. R.D.2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteria -Sclerosis — 10 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1955 to Nov 5, 1955 that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 3A M, from the causes and on the date stated above.

SIGNATURE G. G. Kohler — ADDRESS M. D. Smithsburg — DATE SIGNED 11/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 8, 1955
NAME OF CEMETERY OR CREMATORY: Smithsburg Lutheran
LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 7 55
REGISTRAR'S SIGNATURE: Geo W Ferguson
24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Smithsburg Md. ADDRESS

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11309

11287

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1140 The Terrace

3. NAME OF DECEASED (Type or Print): (First) ALLEN (Middle) HARTZLER (Last) MUMMA

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH. April 17, 1878

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months 6, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Deputy Sherriff

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Mumma

14. MOTHER'S MAIDEN NAME: Barbara A. Keedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Margaret Ann Mumma Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — yrs -
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Obstruction

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1955, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 1:30 AM, from the causes and on the date stated above.

SIGNATURE: Clyde A. Hoffman — ADDRESS: M. D. 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED: Nov. 8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11/9/55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV 9 1955 — REGISTRAR'S SIGNATURE: Lohas H. Bowers

24. FUNERAL DIRECTOR: C. M. Syter & Sons — ADDRESS: Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11310

11288

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 450 North Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Welsh (Last) Munson

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 17, 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 4 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Funkstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Welsh

14. MOTHER'S MAIDEN NAME: Antoinette Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Gerald Munson, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive arterio sclerotic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE (S) DUE TO (B) myocardial heart disease — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) acute cerebral hemorrhage — 14 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1939 to Nov. 21, 1955 that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 7.05 P. M, from the causes and on the date stated above.

SIGNATURE J. Robert Mello M.D. M. D. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 22 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-25-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 23 1955

REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11289 11311

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 50 Summit Ave

3. NAME OF DECEASED: (First) JAMES (Middle) Carey (Last) PARRAN
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12/11/1888	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: Optometry
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Alexander Parran
14. MOTHER'S MAIDEN NAME: Elizabeth Canton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. J.C. Parran 50 Summit Ave Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4 or 5 IMMEDIATE CAUSE	(A) Cerebral Vascular Accident	7 2 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic Vascular Dis.	20 yrs
	(C) DUE TO Hypertensive Cardio Vasc. Dis.	20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1955, to 11/28, 1955, that I last saw the deceased alive on 11/25, 1955, and that death occurred at 9 50/10 M, from the causes and on the date stated above.

SIGNATURF Edward W. Dilts III M. D. ADDRESS 217 W. Washington St. DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 12/2/55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 30 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11312

11290 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 665 Orchard Road

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) ORTON (Last) PETERS

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 19, 1867

9. AGE last birthday 88 yrs
IF UNDER 1 YEAR: Months 7 Days 17
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North East, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Elah Peters

14. MOTHER'S MAIDEN NAME: Mary Belle Orton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. W. Royston Smith Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio sclerosis — yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. no

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1952 to Nov. 6, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 9 P. M, from the causes and on the date stated above.

SIGNATURE Chas. A. Hoffman M.D. ADDRESS 214 N. Potomac St. DATE SIGNED 11/7/55 Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/9/55 — NAME OF CEMETERY OR CREMATORY North East Cemetery — LOCATION (City, town, or county) (State) North East, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Nov. 7 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons — ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11313

11291 Filed 11-10-55 at

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 11 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural give location) 615 South Potomac Street

3. NAME OF DECEASED: (Type or Print) Lillie (First) Gertrude (Middle) Petrie (Last)

4. DATE OF DEATH. (Month) 11 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH. Feb. 2, 1872

9. AGE last birthday 83 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Downsville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Mull

14. MOTHER'S MAIDEN NAME. Elizabert Pennall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Edward Gingrich Waynesboro Pen

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

IMMEDIATE CAUSE (A) Uremia and arteriosclerosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cardio Vascular disease

(C) DUE TO with gen. arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1955, to 11/3, 1955, that I last saw the deceased alive on 10/31, 1955, and that death occurred at 10 a. M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 136 N. Potomac, Hagerstown, Md. DATE SIGNED 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 6, 1955

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro Penna.

DATE REC'D BY LOCAL REGISTRAR Nov 4, 1955

REGISTRAR'S SIGNATURE Elbert H. Bowers

24. FUNERAL DIRECTOR ADDRESS Walter G. Grove Waynesboro, Penna.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

11314

MARYLAND STATE DEPARTMENT OF HEALTH

11323 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (In this place): 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Enroute to Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cavetown, X
STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Melvin (Last) Phetteplace

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb.11,1910

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Foundry

11. BIRTHPLACE (State or foreign country): Cavetown

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Phetteplace

14. MOTHER'S MAIDEN NAME: Lelia Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-4773

17. INFORMANT: Lelia Phetteplace, Cavetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple fracture ribs- Haematorax (Shock)	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture femur	
	(c) open fracture rt, ankle joint region	

810X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: R.R. Crossing
(CITY OR TOWN): Smithsburg (COUNTY): Washington (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov.21'55 11:45AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto - train accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wellsby (Degree or title) DEPUTY MEDICAL EXAM WASH. CO. MD. ADDRESS: 115 N. Potomac St- Hagerstown, Md. DATE SIGNED: 11-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/27/1955
NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery
LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REG.: Nov. 23, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott. F. Minnich ADDRESS: Hagerstown, Md. Smithsburg Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11315

11292 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown c2
STREET ADDRESS (If rural give location) 701 1/2 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Wayne (Last) Reeder

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 5, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ralph W. Reeder

14. MOTHER'S MAIDEN NAME: Martha Burger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: R.W. Reeder 701 1/2 W. Washington St Hagerstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity DUE TO

(c)

Interval Between Onset And Death: 3 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1955, to Nov. 5, 1955, that I last saw the deceased alive on Nov. 5, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. W. Doub Jr. M.D. Hagerstown, Md. 11/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/7/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 7, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11316

11293 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 701 ½ W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Warren (Last) Reeder

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 5, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 8 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ralph W. Reeder

14. MOTHER'S MAIDEN NAME: Martha Burger

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: R. W. Reeder Hagerstown, Md. 701 ½ W. Washington St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) DUE TO Atelectasis — Interval Between Onset And Death 8 hrs.

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Immaturity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1955, to Nov. 5, 1955, that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 2 40 P.M., from the causes and on the date stated above.
SIGNATURE J. W. Doub Jr. (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 11/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/7/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 7 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11294 **CERTIFICATE OF DEATH** 11317

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN
LENGTH OF STAY (In this place): 42 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN
STREET ADDRESS (If rural give location): 267 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print): (First) NANNIE (Middle) LEA (Last) REEL

4. DATE OF DEATH: (Month) NOV. (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEMALE	WHITE	WIDOWED	9/30/1877	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS H. BRASHEARS
14. MOTHER'S MAIDEN NAME: SARAH L. PEARMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.): NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MR. ROSCOE REEL HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	7 days
ANTECEDENT CAUSE(S) DUE TO	(B) Myocardial Infarction	11 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260.X DUE TO	(C) Arterio-Sclerotic Heart Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1955, to Nov. 30, 1955, that I last saw the deceased alive on Nov. 30, 1955, and that death occurred at 9:32 P.M., from the causes and on the date stated above.

SIGNATURE: Sidney Arnett M.D. ADDRESS (Street, city, town, state): Hagerstown Md. DATE SIGNED: 12-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12/3/55	REST HAVEN CEM.	HAGERSTOWN, MD.

24. REC'D BY REGISTRAR DATE: Dec 2, 1955
REGISTRAR'S SIGNATURE: Ethel H. Bowers
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: U. J. Hormet, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11318

11295 CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
MARYLAND LENGTH OF STAY (In this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 03 1 Kuhn Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Lee (Last) Renner

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Mar. 15, 1908
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Presser
10B. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Wayne County W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil B. Ball
14. MOTHER'S MAIDEN NAME: Mazalla Tabler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Joesph Renner Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/55, 19, to 11/2/55 19, that I last saw the deceased alive on 11/2/55 19, and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE E. F. Young M.D. ADDRESS Williamsport Md. DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 5 1955
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: NOV. 4 1955
REGISTRAR'S SIGNATURE: Blanche Boerner
24. FUNERAL DIRECTOR: Scott F. Minnich & Son Hag. Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11319

CERTIFICATE OF DEATH

11296

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) ONE WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN CAVETOWN RICE - RURAL X
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) RENO (Middle) CALVERT (Last) RICE

4. DATE OF DEATH: (Month) NOVEMBER (Day) 24 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY-20-1889
9. AGE last birthday: 66-4-4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUILDING CONTRACTOR
10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): WOLFSVILLE FRED. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MAHLON RICE
14. MOTHER'S MAIDEN NAME: ANNA GROVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 217-32-5310
17. INFORMANT & ADDRESS: MRS. AMY B. RICE HAGE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — 3 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — Continuum - less than 1 year

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov., 1955, to 24 Nov., 1955, that I last saw the deceased alive on 24 Nov., 1955, and that death occurred at 4 30 P.M., from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 W Potomac DATE SIGNED 25 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF NOV. 26-1955
NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY
LOCATION (City, town, or county) HAGERSTOWN MD. (State)

DATE REC'D BY LOCAL REGISTRAR NOV. 25, 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS BOONSBORO MD.

DR. LUSBY 230 W. POTOMAC ST. HAGERSTOWN, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11324 CERTIFICATE OF DEATH

11320

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chewsville

LENGTH OF STAY (In this place) 1 Hr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Chewsville

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport RFD X 1

STREET ADDRESS (If rural give location) Reynolds Road

3. NAME OF DECEASED (Type or Print) (First) DONALD (Middle) JOSEPH (Last) RINEHART

4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	March 21 1905	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Circuit Court Operator	Retired	Chewsville Dist Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Rinehart	Leona Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	214-09-3061	Mrs Delva Rinehart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Acute Cardiac Dilatation	10 min.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Left Ventricular Cardiac Strain	8 months
	DUE TO (C)	Chronic myocarditis	unknown

422.2

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10 55, to Nov. 15 55, that I last saw the deceased alive on October 28 1955, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE Charlie Robertson M.D.

ADDRESS (Street, city, town, state) Clear Spring, Maryland

DATE SIGNED Nov. 16, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/17/55	Smithsburg Cemetery	Smithsburg Wash. Co. Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 18. 1955	Thad H Beevers	Andrew K. Coffman Hagerstown Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11297 **CERTIFICATE OF DEATH** 11321

Reg. Dist. No. 302

1. PLACE OF DEATH

COUNTY Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (In this place) 6 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 24. Wash. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 134 West Washington St.

3. NAME OF DECEASED (Type or Print) (First) BESS (Middle) MARIA (Last) ROUSKULP

4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Single	June 13 1874	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	Own Home	Hagerstown Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel E. Rouskulp	Sarah Helen Brill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	———	Unable to locate	Mrs William Murray

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY — UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
NONE		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from MAY 1, 1953, to NOV. 30, 1955, that I last saw the deceased alive on NOV. 29, 1955, and that death occurred at 4.45 AM from the causes and on the date stated above.

SIGNATURE Luckie Robert Cohen M.D. — ADDRESS (Street, city, town, state) CLEAR SPRING, MARYLAND — DATE SIGNED NOV. 30, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-2-55	Rose Hill Cemetery	Hagerstown Wash. Co. Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Dec. 2. 1955	Edward H. Bowers	Andrew K. Goff Jr.	Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11298

CERTIFICATE OF DEATH

11322

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) HAMILTON HOTEL

3. NAME OF DECEASED: (Type or Print) (First) ALMEDA (Middle) (Last) SANDERS

4. DATE OF DEATH: (Month) NOVEMBER (Day) 11 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 7/14/1877

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: RETIRED SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY: DEPT. STORE

11. BIRTHPLACE (State or foreign country): NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM S. DeHART

14. MOTHER'S MAIDEN NAME: SARAH A. COX

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-20-3573

17. INFORMANT & ADDRESS: MR. JACK WEAVER HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary thrombosis	3 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	?
	DUE TO (c) Arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct. 19 55, to Nov. 19 55, that I last saw the deceased alive on Nov. 19 55, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Edw. Bowerman — ADDRESS Hagerstown — DATE SIGNED 11/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 11/14/55 — **NAME OF CEMETERY OR CREMATORY** Rensco Cemetery — **LOCATION** (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REGISTRAR NOV. 12 1955 — **REGISTRAR'S SIGNATURE** Chas. H. Bowers

24. FUNERAL DIRECTOR W. J. Hormet — **ADDRESS** Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11323

11299 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 729 Salem Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 729 Salem Ave.,

3. NAME OF DECEASED: (First) Jessie (Middle) Irene (Last) Seibert
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Oct. 25, 1889
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Clear Spring District
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F. Shenebeck
14. MOTHER'S MAIDEN NAME: Anna M Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Max Seibert Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
IMMEDIATE CAUSE (A) acute cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO Diabetes M.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Family physician out of town 19.. to 19.. that I last saw the deceased alive on ..... 19..... , and that death occurred at 4:20 P.M., from the causes and on the date stated above.
SIGNATURE A. Robert Wells M.D. WASH. CO. MD.
ADDRESS 115 N. Potomac St-Hagerstown Md.
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 11-17-55
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Nov 15, 1955
REGISTRAR'S SIGNATURE Chas. F. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss
ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11324

11325

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rueal Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithsburg X; STREET ADDRESS (If rural give location) Smithsburg Route 2

3. NAME OF DECEASED: (First) Ethel (Middle) Flora (Last) Shank (Type or Print)

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept. 7, 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Near Myersville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Leiter

14. MOTHER'S MAIDEN NAME: Minnie Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: Mrs. Estella Stains Paramount Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 42 nd (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Arteriosclerosis & Hypertensive Heart Disease — several years

(C) Hypertension — several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1954, to Nov. 30, 1955, that I last saw the deceased alive on Nov. 18, 1955, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

SIGNATURE Phillip Workman M. D. ADDRESS Hagerstown Md. DATE SIGNED 11/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-2-55

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) Smithsburg Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec 1 1955

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11325

Dr. Ditto 11326 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	LENGTH OF STAY (in this place) 4 yrs.
	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R.F.D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Church Home	STREET ADDRESS (If rural give location) Hagerstown R.F.D.

3. NAME OF DECEASED: (Type or Print)	(First) ANNA	(Middle) A.	(Last) SHFELY	4. DATE OF DEATH: (Month) Nov.	(Day) 10,	(Year) 19 55		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow	8. DATE OF BIRTH: Nov. 10, 1868	9. AGE last birthday 87 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10B KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Gettysburg, Penna.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Loses C. Tenner		14. MOTHER'S MAIDEN NAME: Lydna F. Shaeffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —	16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS: Homewood Records	

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senile atrophy cachexia

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C WHERE DID (City or town) INJURY OCCUR? (County) (State)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1- , 19[illegible], to 11-10 , 19[illegible], that I last saw the deceased alive on 11-3- , 19[illegible], and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE A. W. Ditto — ADDRESS M.D. Hagerstown Md — DATE SIGNED 11-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 11-12-55	NAME OF CEMETERY OR CREMATORY Christ Church Cemetery	LOCATION (City, town, or county) Littlestown, Penna.	(State)
DATE REC'D BY LOCAL REGISTRAR 11.11.1955	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown, Md.	

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11326

11300 CERTIFICATE OF DEATH Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X
STREET ADDRESS (If rural give location) S. Main

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Milton (Last) Shimer
4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH	9 AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Apr. 12, 1868	86 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Minister	Religion	Fulton Penn.	

13. FATHER'S NAME: Robert Nixon Shimer
14. MOTHER'S MAIDEN NAME: Anna Mary Brahm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	-----	Bernard Gress Mc Connellsburg Pa.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis	10 mts.
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C) Arterio - Sclerosis	15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1955, to Nov 6, 1955, that I last saw the deceased alive on Nov 4, 1955, and that death occurred at 8:45 A M, from the causes and on the date stated above.

SIGNATURE G. Gilbert Fuhrer M. D. ADDRESS Smithsburg DATE SIGNED 11/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-8-55	Union Cemetery	Mc Connellsburg Penn.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 7, 1955	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11301

CERTIFICATE OF DEATH

Reg. Dist. No. 11327

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 23 Hagerstown
LENGTH OF STAY (in this place): 2½ weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown 02
STREET ADDRESS (If rural give location): 534 W. Franklin St. 1

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) A (Last) Shirey

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: April 23, 1886

9. AGE last birthday: 69 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Antrim, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Cole

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-32-5118

17. INFORMANT & ADDRESS: Linwood Row Hagerstown, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X IMMEDIATE CAUSE	(A) Hypertensive & Rheumatic Heart Disease	unknown
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriolar nephrosclerosis	? 2 mo.
	(C) DUE TO Diverticulosis of colon	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 1:25 P. M, from the causes and on the date stated above.

SIGNATURE: John F. Stonebraker M.D. ADDRESS: 154 W. Washington St Hagerstown, Md. DATE SIGNED: 11-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-17-55	Rose Hill	Hagerstown	Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 15, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11328

11302

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown — LENGTH OF STAY (in this place) 18 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Washington — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithsburg — STREET ADDRESS (If rural give location) Smithsburg Rt. 2

3. NAME OF DECEASED (Type or Print): (First) Clifford (Middle) Boyd (Last) Smith

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 16, 1908

9. AGE last birthday: 47 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired): Tool and Die maker

10B. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cyrus Smith

14. MOTHER'S MAIDEN NAME: Sarah E. Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: ------

17. INFORMANT & ADDRESS: Mrs. Eloise P. Smith Smithsburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 420.0

(A) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 19 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic heart disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1955, to Nov 25, 1955, that I last saw the deceased alive on Nov 25, 1955, and that death occurred at 4 P. M. from the causes and on the date stated above.

SIGNATURE R. L. Stauffer M. D. — ADDRESS Hagerstown Md — DATE SIGNED Nov. 26 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 11-28-55 — NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery — LOCATION (City, town, or county) (State): Smithsburg Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 27, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Smithsburg Md.

11303

11329
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 236 E. Irvin Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Hamilton	Smith, Jr.	Nov. 7 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	widowed	March 25, 1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
physician	medical	Washington, D.C.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
W. Hamilton Smith, Sr.	Florence Dodkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes WWI	no	W. Hamilton Smith, III, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Morphine narcosis — INTERVAL BETWEEN ONSET AND DEATH: 33-34 hrs.

DUE TO (self administered over dosage, accidentally, for angina)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Lobular pneumonia

DUE TO advanced generalized vascular arterio- sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
--	-	Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY at home	21c. (City or town) Hagerstown	(County) Washington	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Nov. 5'55 12;20 AM		self administered over dosage morphinee

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert Mellor M.D.
M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-8-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	-11-9-55	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 9 1955	Chas H. Bowers	Scott F. Minnich & Son	Hagerstown

VS. A15A - 5 - 53

11304

11330 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 995

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 Alexander St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 123 Alexander St.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) CLEVELAND (Last) SNOOK
4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 17 1885
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machine man W.M.R.R. Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick County Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaiah Snook
14. MOTHER'S MAIDEN NAME: Ellen Mort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: 705-10-5197
17. INFORMANT & ADDRESS: Mrs Julia V. Snook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ..... acute coronary occlusion — Interval between onset and death: 10 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: ()
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE J. Robert Wells M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.
DATE SIGNED 11.22.55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/25/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Md.

DATE REC'D BY LOCAL REG. Nov. 23, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11305 CERTIFICATE OF DEATH

11331

Reg. Dist. No.: 302

1. PLACE OF DEATH:
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: 02 HAGERSTOWN
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LITTLESTOWN - RURAL
STREET ADDRESS (If rural give location): MIDDLETOWN MD. R.1

3. NAME OF DECEASED: (First) (Middle) (Last) SOUDERS
4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 19 55

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: NOV. 18-1955
9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 2 HRS — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SOUDERS
14. MOTHER'S MAIDEN NAME: JOYCE WARRENFELTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) #1 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: WILLIAM SOUDERS MIDDLETOWN MD. R.1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 759.0 (a) Prematurity.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypoplasia of Lungs Bilaterally
DUE TO (c)

Interval Between Onset and Death: 2 hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17/1955 to 11/18/1955, that I last saw the deceased alive on 11/17/1955, and that death occurred at 12:04 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): D. J. Boyer M.D. ADDRESS: 135 N. Potomac St. DATE SIGNED: 11/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: NOV. 19 1955
NAME OF CEMETERY OR CREMATORY: MT. LENA CEMETERY
LOCATION (City, town, or county) (State): MT. LENA WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR: NOV. 18 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: WM F. BAST AND SONS
ADDRESS: 300 N. 13TH ST. MD

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11332

11306 # CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania Maryland COUNTY Franklin Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg 75 x .?
STREET ADDRESS (If rural give location) 434 Broad Street

3. NAME OF DECEASED: (First) Ida (Middle) May (Last) Stambaugh
4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: July 31 1869
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 3 Days 13 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lovett
14. MOTHER'S MAIDEN NAME: Amanda Enfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: John M. Stambaugh, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio Vascular Renal — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Generalized sclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 19--, to 11-13., 1955, that I last saw the deceased alive on 11-13, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE A. W. Letts M.D. ADDRESS Chambersburg, Pa. DATE SIGNED 11/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 11-16-1955
NAME OF CEMETERY OR CREMATORY: Norland Cemetery
LOCATION (City, town, or county) (State): Chambersburg, Pa.

DATE REC'D BY LOCAL REGISTRAR: NOV 15 1955
REGISTRAR'S SIGNATURE: Chas. H. Beavers
24. FUNERAL DIRECTOR ADDRESS: Barber Funeral Home, Chambersburg, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11333

11307 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown,Md.
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 N.Cannon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 40 N.Cannon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Reuby (Middle) May (Last) Stull

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: July 2,1869 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Rocky Ridge,Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H.P.Ogle
14. MOTHER'S MAIDEN NAME: Laura Catherine Mathias

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs.Ruth Barrick--40 N.Cannon Ave.

18. MEDICAL CERTIFICATION Hagerstown,Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.6
IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease — 1 year
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to Nov 3, 1955, that I last saw the deceased alive on Nov 2 1955, and that death occurred at 1 19/A M, from the causes and on the date stated above.
SIGNATURE Paul Harrison M.D. ADDRESS 318 N. Potomac Hagerstown Md DATE SIGNED 11/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/6/55
NAME OF CEMETERY OR CREMATORY Mt.Hope Cemetery
LOCATION (City, town, or county) (State) Woodsboro,Md.

DATE REC'D BY LOCAL REGISTRAR 11/4/1955
REGISTRAR'S SIGNATURE Ethel H. Hoover
24. FUNERAL DIRECTOR ADDRESS M.L.Creager and Son-Thurmont,Md.

11308 11334

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 134 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Alva (Last) Swiger
4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 19 55
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 29, 1895
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: aircraft factory
11. BIRTHPLACE (State or foreign country): West Union, W. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Swiger
14. MOTHER'S MAIDEN NAME: Deliah Bates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: 232-10-5325
17. INFORMANT & ADDRESS: Mrs. Mary E. Swiger, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute coronary occlusion	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO arterio sclerotic coronary heart disease	5yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: bronchial asthma

19a. DATE OF OPERATION: -
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE S. Robert Melly M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-8-55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Nov. 7, 1955
REGISTRAR'S SIGNATURE Thos. H. Bowers
24. FUNERAL DIRECTOR Scott F. Linrich & Son, Hagerstown
ADDRESS

Coroner signed Nov. 27 '55 S. Robert Wells M.D. 11327 DME Wash. Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11335

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Funkstown; LENGTH OF STAY (in this place) 17 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Malleys Nursing Home

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 543 N. Mulberry ✓

3 NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Vinton (Last) Trovinger

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1955

5. SEX: Male

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1862

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Owner

10B KIND OF BUSINESS OR INDUSTRY: Flour Mill

11 BIRTHPLACE (State or foreign country): Near Chewsville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Trovinger

14. MOTHER'S MAIDEN NAME: Susan Eakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Mrs. Bessie E. Itneyer Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 903.7 (A) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSE (S) DUE TO: (B) Fractured Hip — 16 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO: (C) Chronic Bronchitis & Arteriosclerotic Heart Disease — Indef. (Years)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY, street, office bldg., etc) Nursing Home | 21C WHERE DID INJURY OCCUR? (City or town) Funkstown (County) Washington. (State) Md.

21D TIME OF INJURY (Month) 11 (Day) 10 (Year) 55 (Hour) P M | 21E INJURY OCCURRED While at work ☐ Not while at work ☒ | 21F. HOW DID INJURY occur? Fell while walking in Room

22. I hereby certify that I attended the deceased from Nov 21, 1955, to Nov. 26, 1955, that I last saw the deceased alive on Nov 21, 1955, and that death occurred at 9:50 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 148 W. Washington St DATE SIGNED 11-26-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 11-29-55 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 27, 1955 | REGISTRAR'S SIGNATURE: Chas. H. Bowers | 24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11336

11328 CERTIFICATE OF DEATH Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X SAM MAR
LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 FAHRNEY-KEEDY MEMORIAL HOME,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Carr
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW WINDSOR
STREET ADDRESS (If rural give location) 06 x 2

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) JANE (Last) VAN DYKE

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 27 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 1 1863
9. AGE last birthday: 92-7-26 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SCHOOL TEACHER - PUBLIC SCHOOL
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MAITLAND PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HOWE
14. MOTHER'S MAIDEN NAME: SARAH MOHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: ROLAND L. HOWE 3409-N-21st ST. PHILADELPHIA 40. PA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332 x IMMEDIATE CAUSE	(A) Generalized arterio-sclerosis	10 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cerebral Thrombosis	1 wk
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to Nov 27, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.
SIGNATURE S. M. LeVan M. D. ADDRESS Boonsboro, DATE SIGNED 11/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF NOV. 29. 1955
NAME OF CEMETERY OR CREMATORY DRY VALLEY CEMETERY
LOCATION (City, town, or county) (State) NEAR LEWISTOWN PENNA.

DATE REC'D BY LOCAL REGISTRAR Nov. 29. 1955
REGISTRAR'S SIGNATURE John H. Bast.
24. FUNERAL DIRECTOR WM. E. BAST AND SONS
ADDRESS BOONSBORO MD

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. LE VAN

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11337

11329 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X HAGERSTOWN RT4
LENGTH OF STAY (in this place) 5½ YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 WASHINGTON COUNTY HOME

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN RT 4
STREET ADDRESS (If rural give location) NEAR CLEARFOSS

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) THEODORE (Last) WASSON
4. DATE OF DEATH: (Month) NOV. (Day) 14 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Mln.
MALE	WHITE	(WIDOWED)	AUG. 9, 1869	86 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
BUTCHER	BUTCHER	MARYLAND	U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no	none	Charles Wasson Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) CORONARY OCCLUSION, ACUTE WITH MYOCARDIAL INFARCTION	5 MIN.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 NONE		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 18, 1951, to NOV. 14, 1955, that I last saw the deceased alive on NOV. 7, 1955 and that death occurred at 5-30 A M, from the causes and on the date stated above.

SIGNATURE Leslie Robert Cohen M. D. ADDRESS CLEAR SPRING, MD. DATE SIGNED NOV. 14, 1955

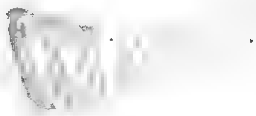
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV. 16, 1955	BROADFORDING	HAGERSTOWN WASH. MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 15, 1955	Chas. H. Bowers	FRED W. KRAISS	HAGERSTOWN, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11309 CERTIFICATE OF DEATH

Reg. Dist. No. 11338 3984

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 03 Hagerstown Md
LENGTH OF STAY (in this place) 22 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hopsital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock X
STREET ADDRESS (If rural give location) 1
Rural Hancock Md.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Heller

4. DATE OF DEATH: (Month) 11. (Day) 18 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 11.17.55

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 22 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melvin H Weller

14. MOTHER'S MAIDEN NAME: Margaret Hengley

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Melvin H Weller Rural 2 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 773.2 Retro Peritoneal Hemorrhage — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Probably Hemorrhagic Hepatitis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17. 1955, to Nov. 18., 1955, that I last saw the deceased alive on Nov. 18., 1955, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David H Brewer M.D. Clear Spring Md. 11/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11.19.55

NAME OF CEMETERY OR CREMATORY Orchard Ridge Cemetery

LOCATION (City, town, or county) (State) Hancock Washington Maryland

DATE REC'D BY LOCAL REGISTRAR 11-23-55

REGISTRAR'S SIGNATURE J H Weller

24. FUNERAL DIRECTOR Howard Feisner Hancock Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film 189 11-29-55

11330 CERTIFICATE OF DEATH

Reg. Dist. No. 11329-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural 2 Hancock Md
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural 2 Hancock Maryland.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Viola (Last) Weller

4. DATE OF DEATH: (Month) 11. (Day) 12. (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 31.1884

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months 3 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Washington County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hoke

14. MOTHER'S MAIDEN NAME: Mollie Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Benjamin R Weller R.F.D.2 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause — (a) Cerebral Hemorriage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Rheumatic Fever, not active

DUE TO

(c) Rheumatic Heart disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1955, to Nov 12, 1955, that I last saw the deceased alive on Nov 8, 1955 and that death occurred at 6.30 PM, from the causes and on the date stated above.

SIGNATURE: J M Shaffer (Degree or title): MD ADDRESS: Funkstown, Md DATE SIGNED: 11/14/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11.16.55	Orchard Ridge Cemetery	Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR: Nov. 14, 1955 — REGISTRAR'S SIGNATURE: J A Weller — 24. FUNERAL DIRECTOR: Howard F Hose — ADDRESS: Hancock Md

MARYLAND STATE DEPARTMENT OF HEALTH

11331 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11340

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Died inroute to Hospital
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock R.F.D.2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Weller

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Infant

8. DATE OF BIRTH: Aug. 10. 1. 54

9. AGE last birthday: 1 yrs. If under 1 year: Months 3 Days 4 If under 24 hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): War Memorial Hospital W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther A Weller

14. MOTHER'S MAIDEN NAME: Mary E Wills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Luther A Weller Rural 2 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

057.1

Immediate cause (a) Waterhouse Friderichsen syndrome — Interval between onset and death: 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -

(CITY OR TOWN): -

(COUNTY): -

(STATE): -

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? --

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS: 115 N. Potomac St- Hagerstown, Md.

DATE SIGNED: 11-15-55

BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 11.17.55

NAME OF CEMETERY OR CREMATORY: Orchard Ridge Cemetary

LOCATION (City, town, or county) (State): Hancock Washington Md.

DATE RECD BY LOCAL REG.: 11/19

REGISTRAR'S SIGNATURE: J. A. Wells

24. FUNERAL DIRECTOR: Howard J. Hose Hancock Md

ADDRESS:

S A15A

11310

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11341

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural, give location) 146 N. Jonathan Street

3. NAME OF DECEASED: (Type or Print) (First) Wayne (Middle) (no) (Last) Whiten

4. DATE OF DEATH (Month) 11- (Day) 26 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Single	7-4-1884	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Shine shoe	Barber Shops	Chamberburg Pa.	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Whiten	Laura Cookey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs Margie Keets 60 W. Bethel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cardio Vascular Disease	3 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr. E. W. Otto M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-30-1955	Rose Hill Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 30, 1955	Ethel T. Mowers	John R Watson Jr	Hagerstown Md.

DR. R. A. BELL 119 N. POTOMAC ST. HAGERSTOWN, MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11311 CERTIFICATE OF DEATH

Reg. Dist. No. 11342 30-2

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; LENGTH OF STAY (in this place) 16 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 438 LIBERTY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural give location) 438 LIBERTY ST.

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) VIRGINIA (Last) WILKINSON

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 13 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 11 1908

9. AGE last birthday: 47 8 2 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): ZITTLESTOWN WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH C. HUTZELL

14. MOTHER'S MAIDEN NAME: EFFIE MOSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-22-1910

17. INFORMANT & ADDRESS: CARL W. WILKINSON 438 LIBERTY St. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Carcinomatosis, primary in left breast.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: Since April 20, 1953.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: Apr. 20, 1953

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of breast.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1953, to Nov. 13, 1955, that I last saw the deceased alive on Nov. 13, 1955, and that death occurred at 1:30 P.M, from the causes and on the date stated above.

SIGNATURE R. A. Bell M.D. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: NOV. 16. 1955

NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY

LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: NOV. 15, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS

ADDRESS: BOONSBORO MD

11312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11343 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 711 Forest St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 711 Forest St.

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) VIRGINIA (Last) WILSON

4. DATE OF DEATH (Month) Nov. (Day) 9, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 19, 188

9. AGE Last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Wilson

14. MOTHER'S MAIDEN NAME: Virginia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Charles M. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Acute pulmonary artery thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Diabetes M (c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fractured femur - 1953

19a. DATE OF OPERATION: -

19b. MAJOR FINDING OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State) - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? --

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE E. Nolen Wells M.D.

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-11-55

NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery

LOCATION (City, town, or county) (State) nr. Inwood, W. Va.

DATE REC'D BY LOCAL REG. Nov. 9. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. ADDRESS

VS. A15A - 5 - 53

11344

MARYLAND — **STATE DEPARTMETT OF HEALTH**

11332 CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Smithsburg - Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Smithsburg Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg - Rural. X
STREET ADDRESS (If rural, give location) Smithsburg Md. R.2.

3. NAME OF DECEASED (Type or Print): (First) Shirdi (Middle) Elizabeth (Last) Winters
4. DATE OF DEATH (Month) (Day) (Year): November 1 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 19. 1877
9. AGE last birthday: 77-10-12 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Smithsburg Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Howdel
14. MOTHER'S MAIDEN NAME: Anna Catherine Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Mrs. Robert Winders Smithsburg Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardiovascular Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 ..., 1954, to 11/1 ..., 1955, that I last saw the deceased alive on 11/1 ..., 1955, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Fr. Hess M.D. — ADDRESS Smithsburg, Md. — DATE SIGNED 11/2/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Nov. 4. 1955 | NAME OF CEMETERY OR CREMATORY: Cavetown Reformed Cemetery | LOCATION (City, town, or county) (State): Cavetown Washington Co. Md.

DATE REC'D BY LOCAL REG. 11/3/55 | REGISTRAR'S SIGNATURE: Geo. H. Ferguson | 24. FUNERAL DIRECTOR: Wm. J. Bartt & Sons | ADDRESS: Boonsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11345

11333 CERTIFICATE OF DEATH Reg. Dist. No. 301

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 90 154 N. Artizan St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 East Avenue
STREET ADDRESS (If rural give location) Hagerstown, Maryland

3. NAME OF DECEASED: (First) Myrtle (Middle) E (Last) Wolfensberger

4. DATE OF DEATH: (Month) NOV. (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 16, 1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Leitersburg Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Gilbert

14. MOTHER'S MAIDEN NAME: Mary Strite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Pulmonary Embolus. — minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 4 yrs.

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. no

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 5, 1950 to NOV. 25, 1955 that I last saw the deceased alive on NOV. 20, 1955, and that death occurred at 6:45 A M, from the causes and on the date stated above.

SIGNATURE Lloyd A. Hoffman M. D. ADDRESS 214 N. Potomac St Hagerstown Md. DATE SIGNED 11/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 11/27/55

NAME OF CEMETERY OR CREMATORY GREEN HILL CEMETERY

LOCATION (City, town, or county) WAYNESBORO (State) PENNA.

DATE REC'D BY LOCAL REGISTRAR NOV. 26 1955

REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR C. M. SUTER AND SONS ADDRESS HAGERSTOWN, MD